SCHEDULE A (FEC Form 3 ) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 76 / 119 (check only one)    X   11a
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Full Name (Last, First, Middle Initial) Christopher J Schultz Mailing Address 3850 Charter Point Co City Brookfiled  FEC ID number of contributing federal political committee.  Name of Employer Medical College of Wisconsin Receipt For: 2008  X Primary General Other (specify)	urt  State Zip Code WI 53045  C  Occupation Physician  Election Cycle-to-Date ▼  750.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Kara M Schwartz  Mailing Address 2766 Oshkosh Lane N  City  Rochester  FEC ID number of contributing federal political committee.  Name of Employer Mayo Clinic  Receipt For: 2008  X Primary General  Other (specify)		Date of Receipt    M M M
Full Name (Last, First, Middle Initial) G. Mark Seal  Mailing Address P.o. Box 6428  City  Great Falls  FEC ID number of contributing federal political committee.  Name of Employer Montana Radiation Oncology Ctr  Receipt For: 2008  X Primary General Other (specify)	State Zip Code MT 59406  C  Occupation Physician  Election Cycle-to-Date  250.00	Date of Receipt    M   M   D   D   2 0 0 8
SUBTOTAL of Receipts This Page (optional)		1000.00